FORM D



## FORM D

20NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
WHORM LIMITED OFFERING EXEMPTION

1231303 C E E D D D 03057544

SEC USE ONLY					
Prefix		Serial			
DATE RECEIVED					

Name of Offering ( check if this is an	_	ed, and indicate change.)
HAGANSPORT UNIT J.V.	(5 Well Program)	
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 💢	Rule 506 Section 4(6) XXULOE
Type of Filing: New Filing	ndment	
	A. BASIC IDENTIFICATION	ON DATA
1. Enter the information requested about th	e issuer	
Name of Issuer ( check if this is an amount	endment and name has changed,	and indicate change.)
HAGANSPORT UNIT J.V.	(5 Well Program)	
Address of Executive Offices  12300 Ford Road, Suite 19	Number and Street, City, State, 2 94, Dallas, TX 7523	Tip Code) Telephone Number (Including Area Code) (972) 243-2610
Address of Principal Business Operations (N (if different from Executive Offices)	Number and Street, City, State, 2	ip Code) Telephone Number (Including Area Code)
Brief Description of Business		
Oil and gas explorat	ion, re-works and c	processed
Type of Business Organization  Corporation	ed partnership, already formed	Cother (please specify): MAY 0.7 2003
☐ business trust ☐ limite	ed partnership, to be formed	Joint Venture THOMSON
Actual or Estimated Date of Incorporation of Jurisdiction of Incorporation or Organization	or Organization:	

## **GENERAL INSTRUCTIONS**

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

2. Enter the information requested for the following:		,	
• Each promoter of the issuer, if the issuer has been organize	ed within the past five ye	ars;	
<ul> <li>Each beneficial owner having the power to vote or dispose, securities of the issuer;</li> </ul>	or direct the vote or disp	osition of, 10%	or more of a class of equity
<ul> <li>Each executive officer and director of corporate issuers and</li> </ul>	of corporate general and n	nanaging partne	ers of partnership issuers; and
Each general and managing partner of partnership issuers.			
Check Box(es) that Apply:   Promoter   Beneficial Owner	Executive Officer	🗷 Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Burroughs, Tim  Business or Residence Address (Number and Street, City, State,	7in Code)	<del></del>	
12300 Ford Road, Suite 194, Dalla			
Check Box(es) that Apply:   Promoter   Beneficial Owner	. & Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Cecotti, Sherri K.			
Business or Residence Address (Number and Street, City, State,	•	*	
12300 Ford Road, Suite 194, Dalla	S, TX /3234	· · · · · · · · · · · · · · · · · · ·	
Check Box(es) that Apply:   Promoter   Beneficial Owner	☐ Executive Officer	☐ Director	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Full Name (Last name first, if individual)			Venturer
Gulftex Operating, Inc.	······································		
Business or Residence Address (Number and Street, City, State,			
12300 Ford Road, Suite 194, Dalla	s, TX 75234		
Check Box(es) that Apply:   Promoter   Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State,	Zip Codé)		
Check Box(es) that Apply:   Promoter Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State,	Zip Code)		
Check Box(es) that Apply:   Promoter   Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State,	Zip Code)		
Check Box(es) that Apply:   Promoter Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State,	Zip Code)		
(Use blank sheet, or copy and use addi-	tional copies of this sheet	as necessary.)	

A. BASIC IDENTIFICATION DATA

•				* B.	INFORM	ATION A	BOUT OF	FERING	٠.				
1. Ha	s the issue	r sold, or								?		Yes XXX	No
								ing under					_
2. Wh	nat is the m	ninimum ir										<u>\$81</u>	25.
3. Do	es the offe	ring permi	t joint owi	nership of	a single u	nit?		• • • • • • • • • • • • • • • • • • • •		,		💥	No
sior to b	ter the infor n or similar be listed is	remunerat an associat	tion for sol ted person	icitation of or agent o	f purchaser of a broker	rs in connector or dealer	ction with : registered	sales of sec with the S	urities in th EC and/or	e offering with a sta	. If a perso te or state	on s.	
list Or (	the name of dealer, you	of the brok may set f	er or deale orth the in	er. If more iformation	than five for that l	(5) person proker or o	is to be list dealer only	ted are assi '	ociated per	sons of su	ch a brok	er	
Full Nan	ne (Last na	me first, i	f individua	ıl)			· · · · · · · · · · · · · · · · · · ·	* - · · · · · · · · · · · · · · · · · ·			<del></del>		
Business	or Residen	ice Addres	s (Number	and Stree	t, City, St	ate, Zip C	ode)						
Name of	Associated	i Broker o	r Dealer									<del></del>	<del></del> -
States in	Which Per	son Listed	Has Solid	ited or In	tends to Se	olicit Purc	hasers	· · · · · · · · · · · · · · · · · · ·					
	"All State	•										□ All S	itates
[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NY]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ ID ] [MO] [ PA ]	
[ RI ]	[ SC ]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Nam	e (Last nai	me first, if	individua	1)									
								<del></del>				<del> </del>	
Business (	or Residen	ce Address	(Number	and Street	., City, Sta	ate, Zip Co	ode)						-
Name of	Associated	Broker or	Dealer									·	
States in '	Which Per	son Listed	Has Solic	ited or Int	ends to Sc	licit Purch	asers						
(Check	"All State	s'' or chec	k individu	al States)								□ All S	tates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ ID ]	
[IL]	[IN]	[ IA ]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[ MI ] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
[MT] [Rl]	[ NE ] [ SC ]	[NV] [SD]	[NH] [TN]	[ NJ ] [ TX ]	[MM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[WV]	[W]	[WY]	[PR]	
	e (Last nar									<del> </del>		<del>.</del>	
	•	•		•					,				
Business o	or Residence	e Address	(Number	and Street	, City, Sta	ite, Zip Co	ode)						
												<u>,</u>	
Name of .	Associated	Broker or	Dealer							·			
States in '	Which Pers	on Listed	Has Solici	ted or Int	ends to So	licit Purch	asers						
(Check	"All State	s'' or chec	k individu	al States)						. <b></b> .		☐ All Si	
[AL]	[ AK ]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ ID ] [MO]	
[ IL ] [MT] [ RI ]	[IN] [NE] [SC]	[ IA ] [ NV ] [ SD ]	[KS] [NH] [TN]	[KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND] [WA]	[ IM ] [ HO] [ VW]	[MN] [OK] [WI]	[MS] [OR] [WY]	[PA] [PR]	

_	C. OFFERING FRICE, NUMBER OF INVESTORS, EAFENSES AND USE	OF PROCEEDS	
1	. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box   and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		. <del>.</del>
	Type of Security	Aggregate Offering Price	Amount Aiready Sold
	Debt	\$	s
	Equity	\$	s
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	s
	Partnership Interests	s	. S
	Other (Specify Joint Venture Interests	$s^{487,500}$ .	5/21,8%
	Total		s/21,82
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		121,87
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		9
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	The state of	Dellas Assessa
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		S
	Regulation A	<del></del>	\$
	Rule \$04		S
	Total	· .	\$
	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	<b>X</b>	\$
	Legal Fees	<b>x</b>	<u>\$37,500</u>
	Accounting Fees	<del>Z</del>	\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		S
	Other Expenses (identify) Turnkey adjustments & syndication exp	ense 🕱	<u>s 63,375.</u>
		=	MAA 975

<del>.</del>	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		s 386,625
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees 🗆 🕽		S
	Purchase of real estate		] \$
	Purchase, rental or leasing and installation of machinery and equipment	E	] <b>\$</b>
	Construction or leasing of plant buildings and facilities		
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	г	7 <b>९</b>
	Repayment of indebtedness		] \$
	Working capital		\$
	Other (specify): Well costs & expenses	X	3.386.625.
	D \$_		] \$
	Column Totals	X	\$ 386,625
	Total Payments Listed (column totals added)	XD \$386,	625
	D. FEDERAL SIGNATURE	. 1	· · ·
ollo	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this owing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Excit of its staff, the information furnished by the issuer to any non-accredited investor pursuant to	s notice is filed un hange Commission	i, upon written re-
su	er (Print or Type) Signature	Date	/ /
ła	ganksport Unit J.V. (5 Well Program)	14/	24/03
an Pi	m Burroughs, President of Gulftex Operating, Inc.Mana	ging Ventu	rer

-ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

سسنبه	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	on <b>K</b> X
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, Form D (17 CFR 239.500) at such times as required by state law.	a noti	ice or
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnisissuer to offerees.	shed b	oy the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the of this exemption has the burden of establishing that these conditions have been satisfied.		
The	issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its be-	half b	y the

F STATE SIGNATURE

• •			
Issuer (Print or Type)		Signature	Date
	/ F22 33 m	•	

Hagansport Unit J.V. (5Well Program)

Name (Print or Type)

Title (Print or Type)

undersigned duly authorized person.

Title (Print or Type)

Tim Burroughs, President, Gulftex Operating, Inc., Managing Venturer

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

-6	APPENDIX								
1	to non- investo	d to sell accredited rs in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item1)	pe of security nd aggregate  Iffering price Type of investor and Ifered in state  Type of investor and		Type of investor and amount purchased in State			5 diffication tate ULOEs, attach nation of granted) E-Item1)
State	Yes	No	Jt. Venture Interests	Number of Accredited Investors	]				No
AL								Yes	·
AK									
AZ									
AR									
CA	х		\$487,500						х
со	Х	λ	487,500						x
ст				مناب بالمراجع والمراجع والمناطقة والمناطقة والمناطقة والمناطقة والمناطقة والمناطقة والمناطقة والمناطقة والمناطقة					
DE									
DC									
FL	X		487,500		16,250				x
GA	x		487,500	2	24,375				_ х
HI							المالية المساورة فينفض من بي		
ID									
<u>IL</u>	<b>X</b>		187,500						x
IN									
[A									
KS									
KY							·		
LA									
ME									
MD									
MA									
MI	_x		487,500						
MN									
MS									
MO	į								

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T I	T	2	3			4			5
	to non-	d to sell accredited rs in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item1)	c of security aggregate aggregate cering price amount purchased in State amount purchased in State art C-Item1) (Part C-Item 2) (Part C-Item 2)		gate rice Type of investor and state amount purchased in State w		under St (if yes explan waiver	lification ate ULOE , attach ation of granted) 3-Item1)
State	Yes	No	Jt. Venture Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МТ									
NE			·						
NV								·	
NH									
NJ									
NM									
NY	X		487,500		3250	9			Υ
NC	X		487,500		16.250				x
ND		,							
OH									
OK									
OR									
PA									
RI						·			
sc					,			v	
SD									
TN									
ΤX	x		487,500	1	32,500				
UT					•				
VT									
٧A	x		487,500						X
WA	x		487,500						x_
wv									
WI									
WY									
PR									